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LAW OFFICES OF

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DEPARTMENT OF STATE A/CDC/DR

REVIEWED BY _____ DATE _____

RDS☐ or XE☐☐☐☐. DATE _____

TS AUTH. _____ E.O. 12356(3) _____

INFORMATION EXEMPTIONS ☐

DECLASSIFY AS AVAILABLE☑

RELEASE IN PART☐

PA or FOI EXEMPTIONS _____

PRIVACY ACT REQUEST

Director, Foreign Affairs Document & Reference Center
Department of State
Room 1239, 2201 C Street N.W.
Washington DC 20520

Dear Sir:

This is a request under the Freedom of Information Act as amended (5 U.S.C. §552).

I write to request a copy of all files your agency indexed or maintained under my name and all documents returnable by a search for documents containing my name. To assist you in your search, I have indicated my social security number, date of birth, place of birth, dates of service and my number while in the service below my signature.

As you know, the amended Act provides that if some parts of a file are exempt from release, that "reasonably segregable" portions shall be provided. I therefore request that, if you determine that some portions of the requested information are exempt, you provide me immediately with a copy of the remainder of the file. I, of course, reserve my right to appeal any such decisions.

If you determine that some or all of the requested information is exempt from release, I would appreciate your advising me as to which exemption(s) you believe covers the information which you are not releasing.

If you determine that any such information requested has been transmitted to another agency or department, please indicate the date of transmittal, the agency transmitted to, and the contents of the material transmitted.

I am prepared to pay costs specified in your regulations for locating the requested files and reproducing them. As you know, the amended Act permits you to reduce or waive the fees if that "is in the public interest because furnishing the information can be considered as primarily benefiting the public." I believe that this request plainly fits that category and ask you to waive any fees.

If you have any questions regarding this request, please telephone me at the number listed on the letterhead of the first page.

As provided for in the amended Act, I will expect to receive a reply within 10 working days.

Sincerely,

Harriet S. Tropp

Social Security #: 085-42-9579
Date of Birth: 4/16/50
Place of Birth: Oceanside N.Y.
Dates of Service: None

Service Number: None

State of California)
) ss.
City and County of San Francisco)

On August 1, 1977, before me, the undersigned, a Notary Public in and for said State, personally appeared Harriet S. Tropp, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

James R. Randolph

Official Seal
James R. Randolph
Notary Public - Calif.
Principal Office in
Mendocino County
My commission expires Oct. 7, 1978